

This Instrument Prepared By/Return to:  
THE BLACKBURN LAW FIRM, PLLC,  
8429 Industrial Drive, Olive Branch, MS 38654  
(662) 895-6116 / (901) 521-7352

2/22/07 3:27:15  
EK 551 PG 645  
DESOTO COUNTY, MS  
W.E. DAVIS, CH CLERK

**QUITCLAIM DEED**

**DANIEL EDWARD SHINE**

**GRANTOR**

**TO:**

**ALBERT LAWAYNE HOUSE, ET UX,**

**GRANTEES**

FOR AND IN CONSIDERATION of the sum of Ten (\$10.00) Dollars cash in hand paid and other good and valuable considerations, the receipt, adequacy and sufficiency of which is hereby acknowledged, I, DANIEL EDWARD SHINE, Grantor, do hereby grant, bargain, sell, quitclaim and convey unto ALBERT LAWAYNE HOUSE, and wife, PEGGY LEE HOUSE, as tenants by the entirety with full rights of survivor ship and not as tenants in common, Grantees, the following described property lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to-wit:

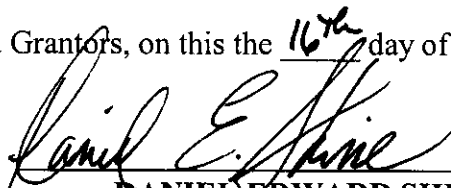
Lot 40, Section "B", Crumpler Place Subdivision, located in Section 32, Township 1 South, Range 6 West, DeSoto County, Mississippi as per plat of record in Plat Book 42, Page 42, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Being the same property conveyed to the Grantor herein by way of the Last Will and Testament of Ella Frances Hopper as filed with the Chancery Court of DeSoto County Mississippi in Cause No. 06-11-2001.

TO HAVE AND TO HOLD the above quitclaimed premises, together with all and singular the hereditament and appurtenances thereunder belonging or in any wise appertaining to said Grantees, their assigns and heirs, forever.

THIS INSTRUMENT WAS PREPARED WITHOUT THE BENEFIT OF TITLE EXAMINATION FROM INFORMATION FURNISHED TO THE BLACKBURN LAW FIRM, PLLC. THE BLACKBURN LAW FIRM, PLLC, PREPARER OF THIS DEED, MAKES NO WARRANTIES AS TO TITLE TO THE PROPERTY OR TO THE ACCURACY OF INFORMATION FURNISHED.

WITNESS the signatures of the said Grantors, on this the 16<sup>th</sup> day of February, 2007.

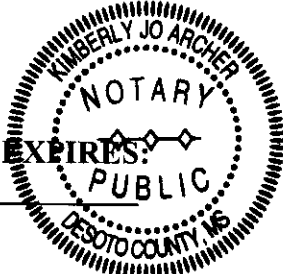
  
\_\_\_\_\_  
DANIEL EDWARD SHINE

**STATE OF MISSISSIPPI  
COUNTY OF DESOTO**

PERSONALLY appeared before me, the undersigned authority of law in and for said County and State, the within named **DANIEL EDWARD SHINE** who acknowledged that he executed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned as his free and voluntary act and deed and for the purposes therein expressed.

GIVEN under my hand and official seal of office, this the 16<sup>th</sup> day of February, 2007.

MY COMMISSION EXPIRES:  
3-8-2008



Kimberly Jo Archer  
NOTARY PUBLIC

Grantor's Address: 5811 Brice Cove South, Olive Branch, MS 38654  
Grantor's Telephone No. Home: 662-895-4828 Work: \_\_\_\_\_  
Grantee's Address: 5811 Brice Cove South, Olive Branch, MS 38654  
Grantee's Telephone No. Home: 662-895-4828 Work: \_\_\_\_\_

## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BK 551 PG 647

TYPE OR PRINT  
WITH BLACK INKFILING  
DATE NOV 16 2006CERTIFICATE OF DEATH  
STATE OF MISSISSIPPISTATE FILE  
NUMBER 123-06-023123

<b>DECEASED</b>	1. NAME First Middle Last Ella Frances Hopper			2. SEX Female	3a. HOUR OF DEATH 7:41A m	3b. DATE OF DEATH (Month, Day, Year) October 26, 2006
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 84 Years		6. DATE OF BIRTH (Month, Day, Year) October 3, 1922	
	7b. CITY OR TOWN OF DEATH Olive Branch		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 7232 Helen Drive		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School (10-12) 8		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) None	
<b>PARENTS</b>	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 412-18-3535		15a. USUAL OCCUPATION (Kind of work done most of working life) Homemaker	
	16a. RESIDENCE—STATE MS		16b. COUNTY Desoto		16c. CITY OR TOWN Olive Branch	
	16d. INSIDE CITY LIMITS (Specify Yes or No) Yes		16e. STREET AND NUMBER OR RURAL LOCATION 7232 Helen Drive		15b. KIND OF BUSINESS OR INDUSTRY Domestic	
	17. FATHER—NAME First Middle Last Charles Oliver		18. MOTHER—NAME First Middle Maiden Stella King			
<b>INFORMANT</b>	19a. INFORMANT—NAME (Type or print) Peggy House			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 5811 Brice Cv. South, Olive Branch, MS 38654		
	20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY—NAME Memphis Memory Gardens		20c. LOCATION (City and State) Memphis, TN	
	21a. EMBALMER—SIGNATURE AND NUMBER Aaron Hazen FS1020		21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER Memphis Funeral Home 416			
	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 17069, Memphis, TN 38187-0069		21d. PRONOUNCED DEAD (Month, Day, Year) ON Oct. 26, 2006			
<b>PRONOUNCEMENT</b>	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) Bill Baldwin DCMEI		22b. PRONOUNCED DEAD (Month, Day, Year) ON Oct. 26, 2006		22c. PRONOUNCED DEAD (Hour) AT 8:00A m	
	23a. CERTIFIER—NAME (Type or print) Jeffery Pounders			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651		
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE 24b. DATE SIGNED (Month, Day, Year) 24c. STATE LICENSE NUMBER 24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE 24f. TITLE Desoto DCMEI 24g. DATE SIGNED (Month, Day, Year) Nov. 3, 2006		
	25. PART I: IMMEDIATE CAUSE (Enter one cause only). (a) Hypertension (b) ASCD (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (d) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):			Interval between onset and death		
<b>CAUSE OF DEATH</b>	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I			27. AUTOPSY (Yes or No) No		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)			29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.
	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED			29e. INJURY AT WORK (Yes or No)		
	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)			29g. LOCATION Street or route number City or town State		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Brian W. Amy MD.

Brian W. Amy, MD, MHA, MPH  
STATE HEALTH OFFICER

NOV 17 2006

Judy Moulder

Judy Moulder  
STATE REGISTRAR

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THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

## STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

BK 551 PG 6

TYPE OR PRINT  
WITH BLACK INKFILING  
DATE

JUL 26 2005

CERTIFICATE OF DEATH  
STATE OF MISSISSIPPISTATE FILE  
NUMBER

123-05-015307

DECEASED

death occurred in  
an institution, see  
HANDBOOK, regarding  
completion of  
RESIDENCE itemsor RESIDENCE items,  
enter actual location  
of home rather than  
mailing address

1. NAME First Middle Last <b>Thomas Walter Hopper</b>	2. SEX <b>Male</b>	3a. HOUR OF DEATH <b>10:15A.m.</b>	3b. DATE OF DEATH (Month Day Year) <b>June 22, 2005</b>
4. RACE (Specify White, Black, American Indian, etc.) <b>White</b>	5a. AGE AT LAST BIRTHDAY <b>81</b> Years	5b. MOS <b>ONLY IF UNDER 1 YEAR</b>	5c. DAYS <b>ONLY IF UNDER 1 DAY</b>
6. DATE OF BIRTH (Month, Day, Year) <b>June 27, 1923</b>	7a. COUNTY OF DEATH <b>Desoto</b>	7b. CITY OR TOWN OF DEATH <b>Olive Branch</b>	7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location) <b>7232 Helen Dr.</b>
9. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elem/High School</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Ella Frances Newman</b>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>Yes</b>
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>American</b>	14. SOCIAL SECURITY NUMBER <b>414-42-9900</b>	15a. USUAL OCCUPATION (Kind of work done most of working life) <b>Fork Lift Operator</b>	15b. KIND OF BUSINESS OR INDUSTRY <b>Kimberly Clark</b>
16a. RESIDENCE—STATE <b>MS</b>	16b. COUNTY <b>Desoto</b>	16c. CITY OR TOWN <b>Olive Branch</b>	16d. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>
17. FATHER—NAME First Middle Last <b>John Henry Hopper</b>	18. MOTHER—NAME First Middle Maiden <b>Lillie Mae Crowder</b>	19a. INFORMANT—NAME (Type or print) <b>Ella Frances Hopper</b>	19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>7232 Helen Dr., Olive Branch, MS 38654</b>
20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	20b. CEMETERY, CREMATORY—NAME <b>Memphis Memory Gardens</b>	20c. LOCATION (City and State) <b>Memphis, TN</b>	21a. EMBALMER—SIGNATURE AND NUMBER <b>Aaron Hazen 1020</b>
21b. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER <b>Memphis Funeral Home 416</b>	21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>P.O. Box 17069, Memphis, TN 38187-0069</b>	22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print) <b>Polly Gill R.N.</b>	22b. PRONOUNCED DEAD (Month, Day, Year) <b>June 22, 2005</b>
23a. CERTIFIER—NAME (Type or print) <b>Jeffery Pounders</b>	23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>4942 Pounders Rd. Nesbit, Ms. 38651</b>	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated <b>IMMEDIATE CAUSE (Enter one cause only): (a) <b>Lymphoma</b></b>	24b. DATE SIGNED (Month, Day, Year) <b>June 30, 2005</b>
24c. STATE LICENSE NUMBER <b>MD</b>	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)	24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. <b>Desoto CMEI</b>	24f. DATE SIGNED (Month, Day, Year) <b>June 30, 2005</b>
25. PART I: DEATH CAUSED BY: (a) <b>Lymphoma</b> (b) <b>DUE TO OR AS A CONSEQUENCE OF (Enter one cause only):</b> (c) <b>DUE TO OR AS A CONSEQUENCE OF (Enter one cause only):</b>	26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I	27. AUTOPSY (Yes or No) <b>no</b>	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) <b>yes</b>
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) <b>USE if death NOT due to natural causes</b>	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY <b>m.</b>	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED
29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Brian W. Amy, MD, MHA, MPH  
STATE HEALTH OFFICER

JUL 26 2005

Judy Moulder  
STATE REGISTRAR

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